



Notice of Intent (NOI) for Stormwater Discharges from
Large and Small Construction Activities,
NPDES General Permit SCR100000

For official use only -

File number:

**OCRM
CHARLESTON OFFICE**

Permit number: SCR100000

Submittal package complete: ☒ Yes ☐ No

Public Notice Start Date (OCRM only):

For official use only

Submission of an NOI constitutes notice that the entity identified in Section I intends to be authorized under SCR100000. Instructions on page 5.

Date: 03/19/2008

Project/ Site Name: **GREENE POINTE INC**

County: **Berkeley**

Do you want this project to be considered for the Expedited Review Program (ERP)? ☐ Yes ☒ No (See instructions.)

If yes, is the design of this project above regulatory requirements or Low Impact Development? ☐ Yes ☒ No

I. Project Information

Project Owner/ Operator (Company or person): **GREENE POINTE INC**

Company EIN: **15-1555555**

Phone: **843-766-9007**

Fax: **843-766-1295**

Mailing Address: **PO BOX 31265**

City: **CHARLESTON**

State: **SC**

Zip: **29417**

Permit Contact (if owner is company): **BARRY BAKER**

Phone: **843-766-9007**

Mailing Address: **PO BOX 31265**

City: **CHARLESTON**

State: **SC**

Zip: **29417**

Email address (optional):

II. Property Information

A. Site Location (street address, nearest intersection, etc.): **1001 ST. JAMES AVENUE**

City/ Town (if in limits):

Latitude: **33° 2' 50" N** Longitude: **-80° 4' 52" W**

Tax map # (list all): **223-00-00-010**

B. Property Owner: **GREENE POINT INC**

Phone: **843-766-9007**

Mailing Address: **PO BOX 31265**

City: **CHARLESTON**

State: **SC**

Zip: **29417**

III. Site Information

A. Disturbed area (to the nearest tenth of an acre): **1.6** acres Total area: **1.6** acres

B. Is this project part of a Larger Common Plan for Development or Sale (LCP)? ☐ Yes ☒ No

LCP/ Overall Development Name:

Check here if this is the first phase. ☐

Previous state permit/ file number:

Previous NPDES coverage number: SCR100000

C. Start Date (MM/DD/YYYY): **04/01/2008**

Completion Date: **04/01/2009**

D. Is this site located on Indian Lands? ☐ Yes ☒ No

If yes, name of reservation:

E. Type of Activity (check one):

☒ Commercial

☐ Industrial

☐ Institutional

☐ Residential: Single-family

☐ Multi-use (Commercial & Residential)

☐ Other:

☐ Linear

☐ Residential: Multi-family

☐ Site Preparation (No new impervious)

F. Are there any flooding problems downstream of or adjacent to this site? ☐ Yes ☒ No

G. Has S.C. DHEC issued a Notice to Comply or Notice of Violation for this site or LCP? ☐ Yes ☒ No

H. Is any part of the property located inside an MS4 or urbanized area? ☐ Yes ☒ No

If yes, list the MS4 operator or urbanized area name:

I. List all state and federal environmental permits or approvals applied for or obtained for this site (e.g., RCRA):

IV. Waterbody Information

A. Nearest receiving waterbody(s) [RWB]: **KING BRANCH**

Distance to nearest RWB (feet): **3,300**

Classification of nearest RWB: **FW**

Next/Nearest named RWB: **HUCKHOLE SWAMP**

B. 1. Waters of the U.S./ State	On the site?	Delineated/ Identified?	Impacts?	Amount of impacts
a. Jurisdictional wetlands	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ Ac
b. Non-jurisdictional wetlands	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	0.454 Ac
c. Other Water(s) List:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ Ac _____ Feet

2. If yes for impacts in B.1, describe each impact and activity, and list all permits (e.g., USACOE Nationwide permit, DHEC General Permit) and certifications that have been applied for or obtained for each impact.

DHEC GENERAL PERMIT **SAC 2007-1175-2)M (COS NATIONWIDE)**

C. Impaired Waterbodies (See instructions.)

List the nearest DHEC water quality monitoring station(s) [WQMS(s)] to which construction stormwater (SW) discharges will drain and the corresponding waterbody(s). MD-114

1. Is this WQMS(s) listed on the most current 303(d) List for Impaired Waters? ☒ Yes ☐ No
- a. If yes for 1, list the impairment(s). DO
- b. If yes for 1, will the site's construction SW discharges contain any pollutant(s) causing the impairment(s)? ☐ Yes ☒ No
- c. If yes for b, list the impairment(s) affected by the pollutant(s) referenced in b.
- d. If yes for b, will use of the proposed BMPs ensure that the site's discharges will not contribute to or cause further water quality standard violations for the impairment(s) listed in c? ☐ Yes ☒ No
2. Has a TMDL(s) been developed for this WQMS(s)? ☐ Yes ☒ No
- a. If yes for 2, list the impairment(s).
- b. If yes for 2, has the standard been attained for all impairment(s)? ☐ Yes ☒ No
- c. If no for b, will the site's construction SW discharges contain any pollutant(s) causing the impairment(s)? ☐ Yes ☒ No
- d. If yes for c, are your discharges consistent with the assumptions and requirements of the TMDL(s)? ☐ Yes ☒ No

D. 1. Are S.C. Navigable Waters (SCNW) on the site? ☐ Yes ☒ No

- a. If yes for 1, list the name of the SCNW: _____
- b. If yes for 1, will any construction activities cross over or occur in, under, or through the SCNW? ☐ Yes ☒ No
- c. If yes for b, then describe activities. _____
- d. If yes for b, are the activities in SCNW covered under a DHEC General Permit or other DHEC permit? ☐ Yes ☒ No
- e. If no for d, has an SCNW permit been applied for or issued for the site? ☐ Yes, for all activities ☐ Yes, for some activities ☒ No
- f. If yes for d or e, list permit number(s) and corresponding activities. _____

V. Operator Information

- A. SWPPP Preparer: Joseph O Eelman S.C. Registration #: 16492
Company/ Firm: Hornor, Eelman & Gearhart Engineering Consultants S.C. COA #: 02928
Mailing Address: 672 Marina Drive, Suite 204 City: Charleston State: SC Zip: 29492
Phone: (Day) 843-881-9804 (Mobile) _____ (Fax) 843-881-9807
Email address (optional): _____
- B. Operator of Day-to-Day Site Activities [ODSA] (Company or person): Edward Clark
Mailing Address: PO Box 1590 City: Folly Beach State: SC Zip: 29493
Phone: 843-819-7877 Fax: 843-557-0471
Site Contact (if ODSA is company): _____ Phone: _____

VI. Signatures and Certifications: DO NOT SIGN IN BLACK INK!

- A. One copy of the SWPPP, all specifications and supporting calculations, forms, and reports are herewith submitted and made a part of this application. I have placed my signature and seal on the design documents submitted signifying that I accept responsibility for the design of the system. Further, I certify to the best of my knowledge and belief that the design is consistent with the requirements of Title 48, Chapter 14 of the Code of Laws of SC, 1976 as amended, pursuant to Regulation 72-300 et seq., and in accordance with the terms and conditions of SCR100000. (This should be person identified in Section V.A.)

Check one. ☒ Engineer ☐ Tier B Surveyor ☐ Landscape Architect

Joseph O Eelman
Printed name of SWPPP Preparer

Joseph O. Eelman
Signature of SWPPP Preparer

16492
S.C. Registration #

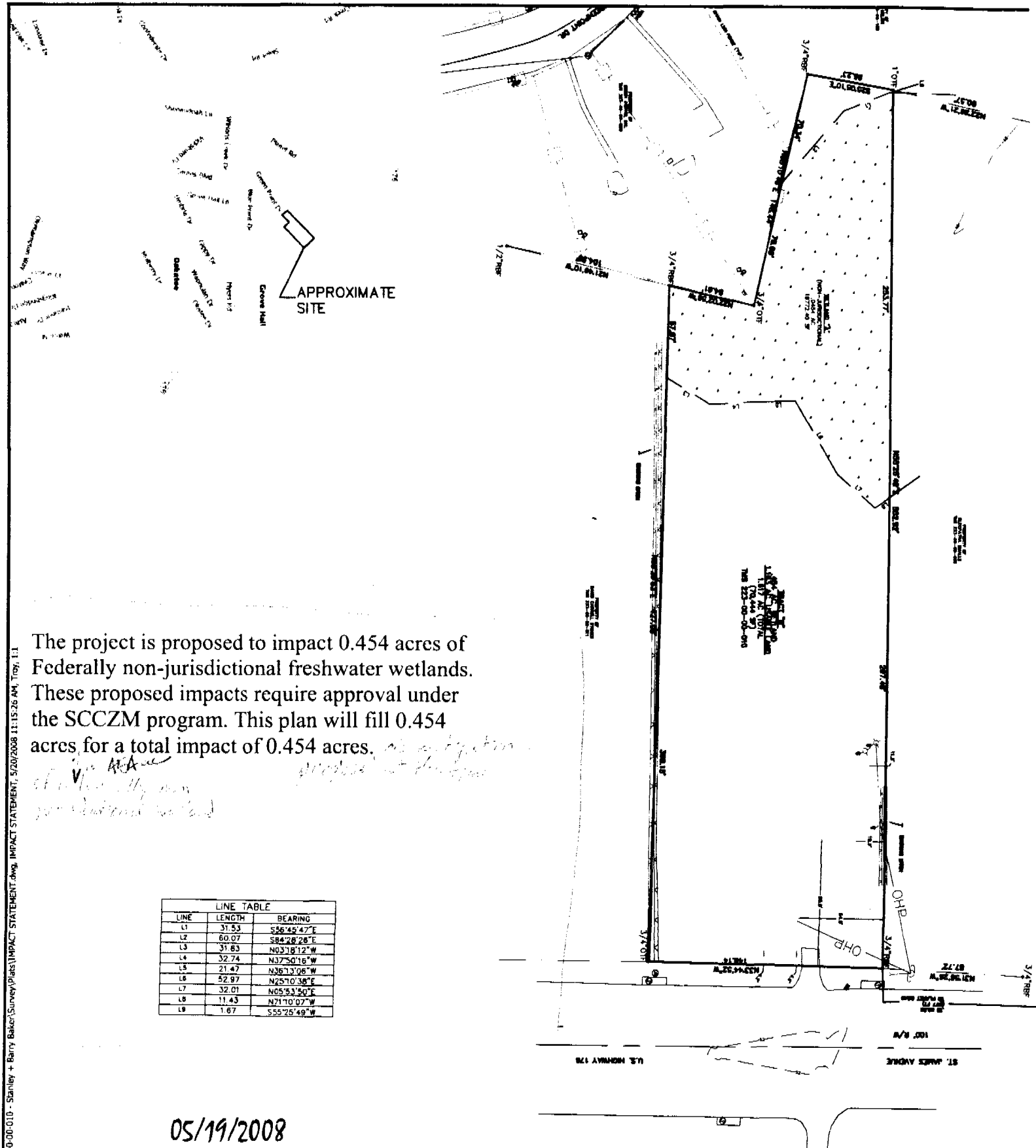
- B. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

I hereby certify that all land-disturbing construction and associated activity pertaining to this site shall be accomplished pursuant to and in keeping with the terms and conditions of the approved plans and SCR100000. I also certify that a responsible person will be assigned to the project for day-to-day control. I hereby grant authorization to the S.C. Department of Health and Environmental Control (DHEC) and/or the local implementing agency the right of access to the site at all times for the purpose of on site inspections during the course of construction and to perform maintenance inspections following the completion of the land-disturbing activity. (See Section 122.22 of S.C. Reg. 61-9 for signatory authority information.)

BARRY BAKER
Printed name of Project Owner/Operator

Barry J. Baker President
Signature of Project Owner/Operator

3-19-08
Date



05-00-010 - Stanley & Barry Baker (Survey/Plats) IMPACT STATEMENT.dwg, IMPACT STATEMENT, 5/20/2008 11:15:26 AM, Troy, 1:1

05/19/2008



HORNER, EELMAN & GEARHART, LLC
ENGINEERING CONSULTANTS

Excellence Through Innovation

PROJECT OWNER
STANLEY & BARRY BAKER

PROJECT TITLE
GREEN POINTS, INC.

SHEET TITLE
IMPACT STATEMENT

SCALE NTS	DRAWN BY DESIGNED BY	APPROVED BY DRAWN BY
DATE 5/19/08	CHECKED BY	APPROVED BY
HEG PROJECT NO.	SHEET NUMBER	

C000